

EXHIBIT 1



**SHERIFF'S OFFICE OF COOK COUNTY
INTERNAL AFFAIRS/INSPECTOR GENERAL
COMPLAINT REGISTER**

Complainant Information	NAME (Last, First, M.I.): <i>Bolton</i>	AGE: <i>28</i>	DATE OF BIRTH: [REDACTED]	HOME ADDRESS: [REDACTED]
	HOME ADDRESS: [REDACTED]	CITY: <i>Chicago</i>		WORK/OTHER #: [REDACTED]
	STATE: <i>Illinois</i>	ZIP CODE: <i>60623</i>	STATE I.D./D.L. #: [REDACTED]	STATE OF ISSUANCE: [REDACTED]

I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.

Complaint Information	DATE OF INCIDENT: <i>1-17-14</i>	TIME OF INCIDENT: <i>3-11</i>
	LOCATION OF INCIDENT: <i>div 8 2A</i>	
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT: <i>ORTIZ</i>	

Witnesses	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE CONTACT INFORMATION.	
	NAME <i>Officer Ramos</i>	ADDRESS/CITY/STATE/ZIP
	HOME PHONE #	

Narrative	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.	
	<p>On 1-17-14 officer Ramos informed officer Ortiz Ortiz that he couldn't put me in assinged cell because it had quarantine in it. I could get sick. I refused to go in cell because of quarantine, and I didn't want to get sick. I asked for a Sargent or Lieutenant. Afterwards Officer Ortiz said put me inside anyway. I didn't go so officer Ortiz asked me to get on the ground. I did, but when I got on my stomach officer Ortiz begin to strike me in face with his fist, he punched me a few time then banged my head against concrete ground. I told Sargent when he approached me, but he just wrote it up as I fell on ground on my own.</p>	

CONTINUED ON REVERSE

FOR OFFICE USE ONLY
DATE COMPLAINT RECEIVED: _____

RECEIVED BY: _____

LA/DIG #: _____

Complaint Narrative (Continued)

PLEASE BE AWARE THAT IF YOU ALlege INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.

I have read this statement that I have voluntarily made, consisting of 2 pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge. Litroy Bolton

(Print Name)

Complainant's Signature: Ditroy Dolson

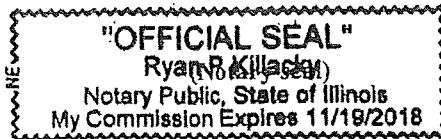
Date: 3-16-15

State of Illinois)
County of Cook)

Signed and sworn to before me on

(Date)

(Name of person making statement)



(Signature of notary public)

A person commits PERJURY when, under oath or affirmation, in a proceeding or in any other matter where by law such oath or affirmation is required, he makes a false statement, material to the issue or point in question, which he does not believe to be true. **PERJURY IS A CLASS 3 FELONY.**

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COOK COUNTY SHERIFF'S OFFICE
OFFICE OF PROFESSIONAL REVIEW

3026 S. California, Bldg. 2, 4th Floor, Chicago, IL 60608
Telephone: (773) 869-7580

DETAINEE/COMPLAINANT NOTIFICATION

OPR Number: 2014-0081

DETAINEE NAME/CCDOC#: LATROY BOLTON 2014 0113063

DETAINEE NAME/CCDOC#: _____

Detainee/Complainant must initial each item:

L.B

I am the complainant/victim in this case and I fully understand that OPR is willing to conduct an inquiry into this matter. I acknowledge that I have received a copy of a complaint register and understand that I need to file it in order for OPR to move forward with an investigation.

L.B

I understand that if I do not file a complaint register within 10 days that OPR will close the investigation; however, I have been informed I have an option to file the complaint register at a later time.

L.B

I understand that OPR has the option to continue with a criminal investigation even though I have not filed a complaint register.

DETAINEE SIGNATURE/DATE: Latroy Bolton 9-4-14

OPR INVESTIGATOR SIGNATURE/DATE: 9-4-14 Jlf for 2015

WITNESS SIGNATURE/DATE: Connie R #5045 9/4/14

OPR DIRECTOR SIGNATURE/DATE: AD Miami Rentera